



PLEASE READ THIS FORM CAREFULLY!

Name

Address

Email

Name of Participant

(if you are completing this form on behalf of a child for whom you are responsible – in which case "I" means the participant)

I confirm that:

- a. I have not recently drunk alcohol or taken any drugs, which may impair my senses.
- b. I am not pregnant.
- c. I do not suffer from any medical condition which might be affected by exercise.
- d. I am age 16 years or older. (If the participant is at least 8 years of age but not yet 16 they may participate but this form must be completed by a responsible adult on their behalf)

I understand that:

- a. I must not walk under the safety net nor run anywhere on the site.
- b. I must follow all instructions given by Red-Hands' staff.
- c. Chalk may damage some clothing and I should wash my hands after taking part in order to avoid putting chalk on my clothes.

I acknowledge and accept that:

- a. It is solely my responsibility to ensure the safe keeping of my property.
- b. After flying on the trapeze, I may experience some soreness in my muscles. I will warm up properly before taking part and warm down afterwards.
- c. Red Hands has no responsibility or legal liability for any injury, loss or damage that I may suffer as a result of:
 - failing to follow the instructions of Red-Hands' staff;
 - failing to comply with this notice or any false statement made by me;
 - my recklessness or negligence;
 - the act or omission of any person not acting under the direct control of Red-Hands.

I have read this form and acknowledge that I am participating in the Red Hands Flying Trapeze on the express understanding that I agree to each statement.

Signature

Date

We may use the information that you have provided to keep you informed of our future activities and promotions. We will not pass your details on to any other companies.

Please tick this box if you **do not** agree to your data being used for this purpose.

PADI Discover Scuba Diving - Participant Statement

Please read the following paragraphs carefully and fill in all blanks before signing.

This statement, which includes a Medical Questionnaire, Discover Scuba Diving Safe Practices Statement and a Statement of Risks and Liability, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving programme. Your signature is required to participate in the programme. If you are a minor, you must have the Participant Statement (which includes and acknowledges the Medical Questionnaire, the Discover Scuba Diving Safe Practices and the Statement of Risks and Liability) signed by your parent or guardian.

You will also need to learn from the instructor the important safety rules regarding breathing and equalisation while scuba diving. Improper use of scuba equipment can result in serious injury or death. You must be thoroughly instructed in its use under the direct supervision of a qualified instructor to use it safely.

PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this programme.

The purpose of this medical history questionnaire is to find out if you should be examined by a doctor before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

- _____ Do you currently have an ear infection?
- _____ Do you have a history of ear disease, hearing loss or problems with balance?
- _____ Do you have a history of ear or sinus surgery?
- _____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- _____ Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?
- _____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- _____ Do you have active asthma or history of emphysema or tuberculosis?
- _____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- _____ Do you have behavioural health problems or a nervous system disorder?
- _____ Are you or could you be pregnant?
- _____ Do you have a history of colostomy?
- _____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- _____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- _____ Are you over 45 and have a family history of heart attack or stroke?
- _____ Do you have a history of bleeding or other blood disorders?
- _____ Do you have a history of diabetes?
- _____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- _____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- _____ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

Flying After Diving Recommendations

- 1) For single dives within the no decompression limits, a minimum pre-flight surface interval of 12 hours is suggested.
- 2) For repetitive dives and/or multi-day dives within the no decompression limits, a minimum pre-flight surface interval of 18 hours is suggested.
- 3) For dives requiring decompression stops, a minimum pre-flight surface interval greater than 18 hours is suggested.

Discover Scuba Diving Safe Diving Practices Statement

These practices have been compiled for your review and acknowledgment and are intended to increase your comfort and safety in diving.

- I understand that upon completing the Discover Scuba Diving programme, I will not be qualified to dive independently without a certified professional guiding me.
- To equalize my ears and sinus air spaces, I will need to blow gently against pinched nostrils every few feet/one metre while descending.
- If I have discomfort in my ears or sinuses during descent, I should stop my descent and alert my instructor.
- Underwater, I should breathe slowly, deeply, continuously and never hold my breath.
- I should respect underwater life and not touch, tease or harass an underwater organism since it may harm me and/or I may harm it.
- I can seek further training from any PADI Dive Centre, Resort and Instructor to become certified to dive without a professional guide

Statement of Risks and Liability

I _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I affirm I have read and understand the Safe Diving Practices and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognise they are for my safety and well being, and that failure to adhere to them can place me in jeopardy when diving.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. I further understand that this programme may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with this programme in spite of the absence of a recompression chamber in proximity to the dive site.

The information I have provided about my medical history on the Medical Questionnaire is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions. I further understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this programme.

I further state that I am of lawful age and legally competent to sign this Statement of Risks and Liability, or that I have acquired the written consent of my parent or guardian.

I understand and agree that neither the dive professionals conducting this programme, the professional staff of Dive Force Marine, nor the facility through which this programme is conducted, Dive Force Marine, nor PADI International Ltd., nor PADI Americas, Inc., nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") accept any responsibility for any death, injury or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, professional staff of Dive Force Marine, the facility through which this programme is offered, Dive Force Marine, PADI International Ltd., PADI Americas, Inc., and all related entities and released parties as defined above, my participation in this diving programme is entirely at my own risk.

I have fully informed myself of the contents of this Statement of Risks and Liability by reading it before signing it.

Participant Name _____

Participant Signature _____ Date _____ Day/Month/Year DOB _____ Day/Month/Year

Participant Address _____

Scout ID Number _____

Parent/Guardian Signature (where applicable) _____ Date _____ Day/Month/Year

Emergency Contact _____ Relationship _____ Phone (_____) _____

Data Protection

Your details will be held and used by PADI to administer your registration. We may pass on your data to any relevant regulator and, if you have given us your permission, your details may also be used by us and other carefully selected third parties for marketing purposes. If you do not wish PADI and/or third parties to contact you about other goods and services provided, please tick the relevant box.

I do not wish PADI to contact me about other services they offer

I do not wish PADI to pass on my details to other parties

I have read and understood the above statement:
Signed _____ Dated _____

Permission Form

Gilwell 24 2012 (06/07/12 – 08/07/12)

Location: Gilwell Park Scout Activity Centre, Bury Road, London, E4 7QW

Gilwell 24 ID Card Number (On Arrival)

Gilwell 24 contains a number of activities that require parental /guardian consent. This form will need to be shown when your group books in and then carried for the duration of the event. Without this document you will be unable to take part in the activities listed below. Please be aware Gilwell 24 contains many other adventurous activities and challenges, a signed consent form does not guarantee a place on these activities but is a requirement to take part.

Please use the back of this form if more space is required and please state if he/she has a disability or condition which may be affected by these activities?

I consent I do not consent Please tick one box for each statement. Defaced or corrected forms will not be accepted. Replacement forms can be downloaded from the website www.gilwell24.info

Scuba Diving

 I being the parent/guardian of the person named below declare that he/she may take part in a Scuba Diving trial dive. This will take place in the outdoor pool at Gilwell Park. To the best of my knowledge the participant is physically fit to undertake this activity and I will complete **A further questionnaire with detailed information (Attached)**

 I agree the Gilwell 24 Participant named above may take part in this activity and can swim 50m in light clothing.

Rifle Shooting:

 I being the parent/guardian of the person named below declare that he/she is not subject to restriction by virtue of the regulations set out in Section 21 of the Firearms Act 1968 (not imprisoned for period of 3 months or longer) and hereby give permission for the Gilwell 24 participant named above to take part in **Air Rifle and Air Pistol Shooting, Clay Pigeon Shooting, Laser Clay Shooting, Laser Target Shoot and Quasar at Gilwell 24 2011**

All riders must wear protective equipment when riding, and use a retention coil leash to prevent runaway boards unless using fixed bindings.

Mountain Boarding:

 All riders are required to sign their name below. By signing this form, participants agree to observe safety rules and regulations, and that they ride at their own risk. Maxtrack / MBS Europe, Gilwell 24 and The Scout Association does not accept responsibility for any injuries suffered, however caused, or for any accidents resulting in loss or damage to any user of, or visitors to Gilwell Park or their property on or off the premises.

Flying Trapeze:

 I agree the Gilwell 24 Participant named above may take part in this activity and have completed the additional consent form.

I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary. All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Name of young person: _____ **D.o.B:** _____

Signature of young person: _____ **Date:** _____

Name of parent/guardian filling out form: _____

Signature of parent/guardian: _____

The Scout Association